



PHOTO RELEASE

In consideration of the participation of the minor named below, and for other good and valuable considerations the receipt and sufficiency of which is hereby acknowledged, I hereby grant Through Children's Eyes, Inc the absolute right and permission to exhibit, publish, photograph, film and videotape and to use, copyright, and broadcast in any other media now or hereafter, any pictures, film and video, including by television or computer, without restriction as to changes or alterations, in conjunction with the minor's participation in the Through Children's Eyes photography program in cooperation with the organization, ALTA VISTA GARDENS, Vista CA, and its participating organizations.

All photographic credits remain with the photographer taking said images.

I hereby waive any right that I, or the minor, may have to any further consideration or payment of any kind, or to approve the finished product that may be used in connection therewith. I hereby release, discharge and agree to hold harmless Through Children's Eyes, Inc., their legal representative or assigns, and all persons acting under their permission or authority from any liability.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

This release shall be binding upon heirs, my legal representatives, assigns and me.

Photographer's Name: _____ Age: ____ School/Group: _____
Print

Signed: _____ Date: ____ / ____ / ____
Photographer

Signed: _____ Date: ____ / ____ / ____
Parent or Legal Guardian

Tel: (____) _____ - _____ E-mail: _____